



Missing Receipt Form

Employee (Payee) Name	
Department	

Expense Date	
Amount	
Vendor Name	
Description of Expense	
Reason for Missing Receipt	

I certify that this expense is actual, reasonable and incurred in accordance with Mercy College policy for official business of the College. I certify that no portion of this invoice was free of charge, previously reimbursed from any other internal or external source, or will be paid from any resource/source in the future.

Employee (Payee) Signature **Date**

Department / School Endorsements:

 Supervisor Name Supervisor Signature Date

 Dean Name Dean Signature Date

 Staff Officer Name Staff Officer Signature Date

Vice President and Chief Financial & Planning Officer (or Designee) Approval:

 Print Name Signature Date

Adopted: April 1, 2014
Updated: April 11, 2014